

Baker LOFTS

MAINTENANCE REQUEST FORM

Name: _____

Date: _____ Loft #: _____

Phone #: _____

I would like to notify the proper people to correct the item specified below as soon as possible. When the repair or replacement has been completed, I will sign my name on the bottom of the work order presented by the contractor completing the work.

DESCRIPTION OF WORK NEEDED

Resident must allow access during normal business hours (M-F 8a – 4p)

Resident Signature

Date

Technician Signature

Date

Service Technician Comments on Back

Please email / fax / mail form to :
justin@remg-properties.com. 616.394.0687 or 217 E. 24th St. Suite 202 Holland MI 49423
or Drop in the Baker Lofts Drop Box located in the mail room.